

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kirill

2. Surname (Last Name)

Gromov

3. Date

13-January-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The Danish Fracture Database – the setup, initial experience and future perspective

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Gromov has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Brix	3. Date 12-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirill Gromov
5. Manuscript Title The Danish Fracture Database – the setup, initial experience and future perspective		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Brix has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Kallelose	3. Date 13-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirill Gromov
5. Manuscript Title The Danish Fracture Database – the setup, initial experience and future perspective		
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Mr. Kalleмосe has nothing to disclose.

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1. Given Name (First Name) Anders 2. Surname (Last Name) Troelsen 3. Date 13-January-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Kirill Gromov

5. Manuscript Title
The Danish Fracture Database – the setup, initial experience and future perspective

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UFL-01-14-0027

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board Member
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board Member
Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support
Acumed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support
SwemacOsmedic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for a lecture
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for a lecture
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transport and accommodation for a meeting

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Protesekompagniet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transport and accommodation for a meeting

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Dr. Troelsen reports personal fees from Biomet, personal fees from Medtronic, grants from Biomet, grants from Acumed, personal fees from SwemacOsmedic, personal fees from Medtronic, non-financial support from Biomet, non-financial support from Protesekompagniet, outside the submitted work; .

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